

Dividends and Distributions Request Form

Submit to assigned analyst

Date:

Company Paying Dividend:

Company Type:

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> Pure | <input type="checkbox"/> Protected Cell | <input type="checkbox"/> Association |
| <input type="checkbox"/> Risk Retention Group | <input type="checkbox"/> Special Purpose Captive | <input type="checkbox"/> Branch |

1. Amount of Proposed Dividend or Distribution:
2. Date Proposed Dividend or Distribution Declared:
3. Date Established For Payment of Proposed Dividend or Distribution:
4. Type of Dividend or Distribution: Cash Other Property
5. If Distribution is other than cash provide:
 - a. Description:
 - b. Cost:
 - c. Fair Market Value:
 - d. Basis of Valuation:

6. Dividends and distributions (exceeding distributions of the insurers' own securities) paid in prior 12 month period:

Date	Type	Amount
Total Dividends Paid in the Prior Twelve (12) Month Period		
	Current Year	Prior Year
Assets		
Liabilities		
Capital		
Retained Earnings		
Net Income		
Total Owners Equity		
Distribution ¹		
Adjusted Owners Equity ²		

1 For current year, include proposed distribution requested. For prior year, include any prior year distribution.

2 Prior year entry not applicable.